

<b>Case Number:</b>	CM13-0051749		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 57-year-old who was injured on January 10, 2013. The claimant is documented as having diagnoses of hypertension with left ventricular hypertrophy, hyperlipidemia, GERD (gastroesophageal reflux disease), rule out sleep apnea disorder, impaired fasting glucose. The clinical progress note from January 27, 2014 indicates that the claimant has evidence of chronic right L5 radiculopathy on electrodiagnostic studies and is scheduled to undergo operative intervention for the lumbar spine. Current medications include Lotrel, tramadol, and Norco. The clinical progress note from October 14, 2013 is not document any subjective or objective findings of upper extremity neurologic dysfunction. In fact the physical examination only examines the lumbar spine. The progress note from September 16, 2013 documents a diagnosis of carpal tunnel/double crush syndrome, but does not document any sensory changes in the upper extremities. There are no subjective complaints of numbness or tingling in hands. The clinician references the ODG supports the request by indicating that the ODG supports the use of electrodiagnostic studies when carpal tunnel syndrome is suspected. The utilization review in question was rendered on October 16, 2013. The reviewer denies the request on the basis that the claimant has evidence of dysesthesia at the C5, C6, and C7 dermatomal distribution with positive axial loading compression test and Spurling's maneuver document on the June 17, 2013 progress note. The reviewer indicates that there is no documentation of failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

## **ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines supports the use of EMG the upper extremities when there is evidence of subtle focal neurologic dysfunction in individuals with neck or arm symptoms lasting more than 3-4 weeks. The clinical documentation provided does not indicate any evidence of objective or subjective findings consistent with upper extremity radiculopathy or carpal tunnel syndrome in the most recent progress notes. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

## **NERVE CONDUCTION VELOCITIES (NCV) OF THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines supports the use of NCV the upper extremities when there is evidence of subtle focal neurologic dysfunction in individuals with neck or arm symptoms lasting more than 3-4 weeks. The clinical documentation provided does not indicate any evidence of objective or subjective findings consistent with upper extremity radiculopathy or carpal tunnel syndrome in the most recent progress notes. The request for an NCV of the bilateral upper extremities is not medically necessary or appropriate.